

Work Order ID 91774

October 18, 2012 10:03:39 AM

91774

Rev AS 12/10/12
~~PRELIMINARY ISSUE~~

Page 1

Item ID: D4654-1

Accept

N900040100

Setup Start *NS1*

Revision ID: PRELIM

Stop *NS2*

Item Name: O-Ring

Start Date: 10/18/12 Start Qty: 100.00

100

Cust Item ID:

Required Date: 10/24/12 Req'd Qty: 100.00

100

Customer:

Reference:

Approvals: Process Plan: CX

Date: 12/10/18

Tooling:

Date:

Run Start *NR1*

QC:

Date:

SPC (Y/N):

Date:

Stop *NR2*

Sequence ID,
Work Center ID

Operation
Description

Set Up
Run Hours

Tool ID

Tool #

Ph.
Code

Accept
Qty

Reject
Qty

Reject
Number

Insp.
Stamp

Draw Nbr

Revision Nbr

D4654

100

0.00

100

Purchasing

Purchasing

Memo

Issue P/O: 18162

Purchase Part Number: 320-016

Supplier: Spearur

Certificate of conformity is required

0.00

CX 12/10/18 (100)

110

Receive & Inspect for Damage & Mat'l Certs

0.00

110

Packaging

Packaging

Memo

0.00

12/10/18 (100)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
| Work Order: _____ Part No. _____ NCR No. _____ | | | | DISPOSITION Rework <input type="checkbox"/> Scrap <input type="checkbox"/> Use-as-is <input type="checkbox"/> Work Order Update <input type="checkbox"/> | | AGAINST DEPARTMENT/PROCESS <div style="display: flex; justify-content: space-between;"> <div> Skid-tube <input type="checkbox"/> Machining <input type="checkbox"/> Thermoforming <input type="checkbox"/> Large Fab <input type="checkbox"/> </div> <div> Crosstube <input type="checkbox"/> Small Fab <input type="checkbox"/> Finishing <input type="checkbox"/> Composite <input type="checkbox"/> </div> <div> Water Jet <input type="checkbox"/> Prod. Eng. Coord. <input type="checkbox"/> Rec/Store/Packaging <input type="checkbox"/> Supplier <input type="checkbox"/> </div> <div> Engineering <input type="checkbox"/> Quality <input type="checkbox"/> Other <input type="checkbox"/> </div> </div> | | | | | |
| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
| Doc/Data <input type="checkbox"/> | | | | | | | | | | | |
| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | | | | | | | | | |
|---|--|--|---|--|--|---|--|--|---|--|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | | | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | | | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | | | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge _____ _____ _____ | | <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Work Order ID 91774

91774

Page 2

October 18, 2012 10:03:39 AM

Item ID: D4654-1

Accept

N900040100

Setup Start *NS1*

Revision ID: PRELIM

Stop *NS2*

Item Name: O-Ring

Start Date: 10/18/12 Start Qty: 100.00

100

Cust Item ID:

Required Date: 10/24/12 Req'd Qty: 100.00

100

Customer:

Reference:

Approvals: Process Plan: Date: Tooling: Date:

Run Start *NR1*

QC: Date: SPC (Y/N): Date:

Stop *NR2*

| Sequence ID/ Work Center ID | Operation Description | Set Up/ Run Hours | Tool ID | Tool # | Plan Code | Accept Qty | Reject Qty | Reject Number | Insp. Stamp |
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|
|--------------------------------|--------------------------|----------------------|---------|--------|--------------|---------------|---------------|------------------|----------------|

120 QC6- Inspect dimensions to drawing

0.00 - inspect to part

120

0.00

QC

Memo

Quality Control

130 Identify as per dwg & Stock Location: ST 118 0.00

130

Packaging

Memo

Packaging

140 QC21- Final Inspection - Work Order Release 0.00

140

QC

Memo

Quality Control

POSITIVE RECALL

EFFECTIVE 12/10/18

RELEASED 5

AUTH

DATE

13/4/23

100x

SP
13424

13/4/25

13/4/25

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|----------------------|---|----------------|--------------|--------------|--|--|
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

Picklist Print

October 18, 2012 10:03:39 AM

Page 1

Work Order ID: 91774

Parent Item: D4654-1

Parent Item Name: O-Ring

Start Date: 10/18/12

Required Date: 10/24/12

Start Qty: 100.00

Required Qty: 100.00

Comments: lpp RevA 12.05.31 new issue EC verified by:JLM

| Component Item ID/ Item Name | Replacement Item ID | Mfg/ Purch | Bin Item | Primary Location | Last Location | Route Seq ID | Unit of Measure | Qty on Hand | Qty per Kit | Total Qty | Qty Issued | Date Issued | Status |
|---------------------------------|------------------------|---------------|-------------|---------------------|------------------|-----------------|--------------------|----------------|-------------|--------------|---------------|----------------|--------|
| 320-016 O-Ring | | Manufactured | No | | | | Each | 0.0000 | | 100 | | | |

10/12/10/20 (100)

NCR: Yes / No

WORK ORDER NON-CONFORMANCE / UPDATE

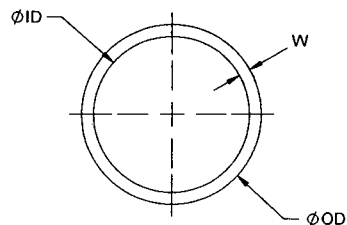
DQA: _____ Date: _____

QA Closed: _____ Date: _____

| | | | | | | | | | | | |
|--|------|------|-----|---|-------------------|---|-------------|--------------|--------------|--|--|
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| Root Cause | Date | Step | Qty | Description of work order update or Non-conformance | Initial Chief Eng | Action Description | Sign & Date | Verification | QC Inspector | | |
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| Equip/Tooling <input type="checkbox"/> | | | | | | | | | | | |
| Operator <input type="checkbox"/> | | | | | | | | | | | |
| Material <input type="checkbox"/> | | | | | | | | | | | |
| Setup <input type="checkbox"/> | | | | | | | | | | | |
| Other <input type="checkbox"/> | | | | | | | | | | | |
| Process <input type="checkbox"/> | | | | | | | | | | | |
| Supplier <input type="checkbox"/> | | | | | | | | | | | |
| Training <input type="checkbox"/> | | | | | | | | | | | |
| Unapproved <input type="checkbox"/> | | | | | | | | | | | |

| FAULT CATEGORY | | | | |
|---|---|---|---|--|
| Landing Gear <input type="checkbox"/> Bending <input type="checkbox"/> Centre Not Concentric to O/S <input type="checkbox"/> Cracks <input type="checkbox"/> Crushed/Crimped <input type="checkbox"/> Cuffs <input type="checkbox"/> Heat Treat <input type="checkbox"/> Inspection Strip in Tube <input type="checkbox"/> Ripples in Bend <input type="checkbox"/> Torque Waves in Extrusion <input type="checkbox"/> Turning Sequence <input type="checkbox"/> Wave/Twist in Tube | General <input type="checkbox"/> Bend <input type="checkbox"/> BOM/Route <input type="checkbox"/> Broken/Damaged <input type="checkbox"/> Burrs <input type="checkbox"/> Contamination <input type="checkbox"/> Countersink <input type="checkbox"/> Cut Too Short <input type="checkbox"/> Drill Holes <input type="checkbox"/> Drawing <input type="checkbox"/> Finish <input type="checkbox"/> Folio | <input type="checkbox"/> Grain <input type="checkbox"/> Hardware <input type="checkbox"/> Inspection Incomplete <input type="checkbox"/> Instructions Incomplete/Unclear <input type="checkbox"/> Maintenance <input type="checkbox"/> Mislabeled <input type="checkbox"/> Misread <input type="checkbox"/> Offset <input type="checkbox"/> Out of Calibration <input type="checkbox"/> Out of Sequence <input type="checkbox"/> Outside Dimensions | <input type="checkbox"/> Ovalized <input type="checkbox"/> Over/Under tolerance <input type="checkbox"/> Part Incorrect <input type="checkbox"/> Part Lost/Missing <input type="checkbox"/> Part Moved <input type="checkbox"/> Positioned Wrong <input type="checkbox"/> Power Loss/Surge <input type="checkbox"/> Pressure/Forced <input type="checkbox"/> Temperature/Cure <input type="checkbox"/> Weld <input type="checkbox"/> Wrong Stock Pulled <input type="checkbox"/> Other | |

SPECIFICATION CONTROL DRAWING



D4654-X O-RING

| DART PART NUMBER | DESCRIPTION | POSSIBLE VENDOR | VENDOR PART NUMBER | MATERIAL | DUROMETER | ID | OD | W | COLOUR |
|---------------------|-------------|--------------------|-----------------------|------------------|------------|-------|-------|-------|--------|
| D4654-1 | O-RING | SPAENAU | 320-016 | NITRILE (BUNA N) | 75 SHORE A | 0.614 | 0.750 | 0.070 | BLACK |
| D4654-3 | O-RING | SPAENAU | 320-017 | NITRILE (BUNA N) | 75 SHORE A | 0.676 | 0.816 | 0.070 | BLACK |

PA2

C212110/18

W10: 9/774

PRELIMINARY ISSUE

12.09.24

- NOTES:
- 1) MATERIAL: SEE TABLE
 - 2) FINISH: N/A
 - 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
 - 4) UNITS: INCHES UNLESS OTHERWISE NOTED
 - 5) BREAK SHARP EDGES: N/A
 - 6) IDENTIFICATION: PER QSI 044 6.1
 - 7) WEIGHT: LESS THAN 0.01

| PA2 | ADD D4654-3 | MB | 12.09.24 |
|------------|-------------|--|--------------|
| REV. | DESCRIPTION | BY | DATE |
| DESIGN | RF | DART AEROSPACE LTD HAWKESBURY, ONTARIO, CANADA | |
| DRAWN | MB | | |
| CHECKED | | DRAWING NO. | REV. PA2 |
| MFG. APPR. | | D4654 | SHEET 1 OF 1 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | | O-RING | NTS |
| DATE | 12.09.24 | <small>COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COPIED OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD</small> | |



Dart Aerospace Ltd.
1270 Aberdeen Street
Hawkesbury, ON K6A 1K7
Tel: 613 632 9577
Fax: 613 632 1053

PURCHASE ORDER

Purchase Order ID **PO18162**

Purchase Order Date 10/18/2012

PO Print Date 10/19/2012

Page Number 1 of 2

Order From :

VC-HAS001

HASKINS INDUSTRIAL
5-52 ANTARES DRIVE
NEPEAN, ON K2E 7Z1
CA

Contact Name

Vendor Phone 613 723 8800

Vendor Fax 613 723 8806

Vendor Account Nbr

Buyer

Chantal Lavoie

Requisition Nbr

Tax Resale Nbr

10127-2607

Terms

Net 30

Currency

CAD

FOB

Destination-Collect

Ship To :

DART AEROSPACE LTD

1270 ABERDEEN
HAWKESBURY, ON K6A 1K7
CANADA

REVISED

| Line Nbr | Reference Revision ID Vendor Part Number | Description/ Mfg ID | Req Date/ Taxable | Req Qty/ Unit of Measure | Ship Method | Unit Price | Extended Price |
|----------|--|-------------------------|-------------------------------------|-----------------------------|-------------|------------|-------------------|
| 1 | 320-016 | O-Ring | 10/24/2012 Yes | ✓ 100.00 Each | Dicom | \$0.3992 | \$39.92 |
| | | Special Inst: | AS PER DWG D4654 REV. PA2 B91774 | | | | |
| 2 | | 121-779 SOWA CHAMFER | 10/24/2012 Yes | 2.00 Each | Dicom | \$196.8600 | \$393.72 |
| | | Special Inst: | As Per DWG: D3672 Rev: C B91517 | | | | |
| 3 | D3672-7P | WASHER | 10/24/2012 Yes | 510.00 Each | Dicom | \$0.3200 | \$163.20 |
| 4 | | ADF0375J2C KC625 | 10/24/2012 Yes | ✓ 3.00 | Dicom | \$60.4000 | \$181.20 |

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

Deliver To: CNC

CERTIFICATE OF CONFORMITY
REQ'D UPON DELIVERY

No substitution or deviation without
consent.
Certificate of Conformity or Material
Certification required - YES NO

Change Nbr: 4

Change Date: 10/19/2012

HASKINS INDUSTRIAL INC.
5-52 ANTARES DRIVE

*** B A C K O R D E R ***

Order # 1246616.01

NEPEAN, ONTARIO K2E 7Z1

Order Date 10/18/12

TEL (613)723-8800 FAX (613)723-8806

Page 1 of 1

Sold To: DART AEROSPACE LTD.

Ship To: DART AEROSPACE LTD.

1270 ABERDEEN STREET

1270 ABERDEEN STREET

HAWKESBURY

HAWKESBURY

ON

ON

K6A 1K7

K6A 1K7

Cust Phone #

Warehouse

F.O.B.

Taken By

OTTAWA

PPD&CHGE

Sylvie 613-723-880

| Cust # | Customer P/O # | Required | Orig Order | Slsm | Ship Via | Terms |
|--------|----------------|----------|------------|------|----------|--------|
| 05168 | 18162 | 10/19/12 | 1246616.01 | PL | DICOM | NET 30 |

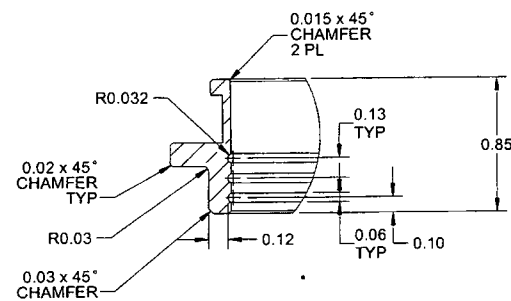
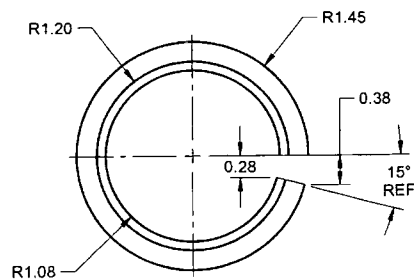
| Ln# | Bin # | Order UM | Ship | B/O | Product | Description |
|-----|-------|----------|------|-----|---------|----------------------------------|
| 2 * | | 1 EA | 0 | 1 | SO1X1 | 121-779 C1 1-90 CARB COUNTERSNIK |
| 3 | | 100 C | 100 | | SP1X100 | 320-016 O-RING |

PLEASE NOTE:

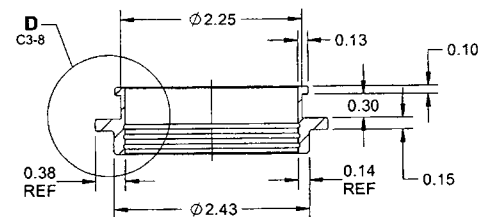
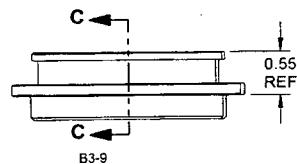
1. NO RETURNS WITHOUT PRIOR AUTHORIZATION
 2. ALL SHORTAGE CLAIMS MUST BE WITHIN 10 DAYS
 3. BO CODE: BO = QTY NOT SHIPPED IS BACK-ORDERED
- CL= QTY NOT SHIPPED WAS CANCELLED
SC= ITEM CONSIDERED COMPLETE - NO B/O CREATED

FILL PACK DATE
Printed on 2012-10-22 at 9:05

10 22 / 12



DETAIL D C4-9
SCALE 2X



SECTION C-C C6-9

D4653-11 CLAMP

RELEASED
2012-11-05
JW

NOTES:

- 1) MATERIAL: DELRIN II 150E OR ACETRON GP ACETAL
REF DART SPEC M-DELRIN-B
- 2) FINISH: N/A
- 3) TOLERANCES: PER DART QSI 018 UNLESS OTHERWISE NOTED
- 4) UNITS: INCHES UNLESS OTHERWISE NOTED
- 5) BREAK SHARP EDGES: 0.005 TO 0.010 MAX
- 6) IDENTIFICATION: IDENTIFY PER QSI 044 6.7
- 7) WEIGHT: 0.032 lbs

| | | | |
|------------|----------|---|--------------|
| DESIGN | | DART AEROSPACE LTD | |
| DRAWN | | HAWKESBURY, ONTARIO, CANADA | |
| CHECKED | | DRAWING NO. | REV. A |
| MFG. APPR. | | D4653 | SHEET 6 OF 6 |
| APPROVED | | TITLE | SCALE |
| DE APPR. | | VENT MANIFOLD ASSY | NTS |
| DATE | 12.07.25 | COPYRIGHT © 2012 BY DART AEROSPACE LTD THIS DOCUMENT IS PRIVATE AND CONFIDENTIAL AND IS SUPPLIED ON THE EXPRESS CONDITION THAT IT IS NOT TO BE USED FOR ANY PURPOSE OR COMMUNICATED TO ANY OTHER PERSON WITHOUT WRITTEN PERMISSION FROM DART AEROSPACE LTD | |